

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-367, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 20 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 11543	2. Fiscal Year Covered From: 01/01/2004 through 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name LOU FERRANTE	Name PAINTERS AFL-CIO LOCAL UNION 86
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 029-588
Street 8257 DOW CIRCLE	P.O. Box, Building and Room Number, if any
City STRONGSVILLE	Street 8257 DOW CIRCLE
State OHIO ZIP Code + 4 44136	City STRONGSVILLE
State OHIO ZIP Code + 4 44136	State OHIO ZIP Code + 4 44136
5. Position in labor organization. FINANCIAL SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount
City	
State	ZIP Code + 4

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing LOU FERRANTE		File Number U-
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing
		12.a. Nature of interest held or income received. 12.b. Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (excluding trade name, if any).		14.a. Nature of payment.
Name IUPAT JATF Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 NEW YORK AVE N.W. City WASHINGTON D.C. State ZIP Code + 4 20006		INSTRUCTORS SEMINAR
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?		14.b. Amount of payment. 1082